



National Institute on Drug Abuse (NIDA) Minnesota Opioid Summary

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Minnesota Opioid Summary

Opioid-Involved Overdose Deaths

In 2017, there were 422 overdose deaths involving opioids in Minnesota—a rate of 7.8 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons. The greatest rise occurred among deaths involving synthetic opioids other than methadone (predominantly fentanyl), with a nearly sixfold increase from 31 cases in 2011 to 184 cases in 2017 (Figure 1). Heroin-involved overdose deaths increased from 16 deaths in 2010 to 149 deaths in 2016 before decreasing in 2017 to 111 deaths. Prescription opioid-involved deaths have remained steady since 2008 with 195 cases of overdose deaths reported in 2017.

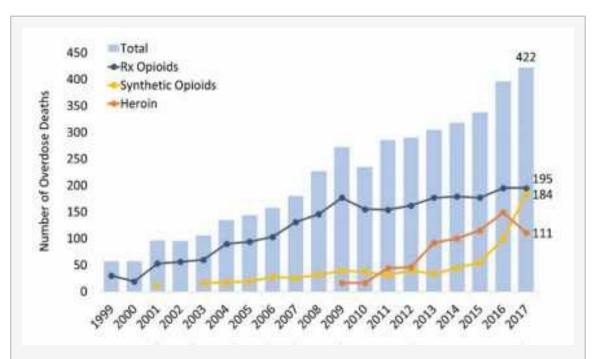


Figure 1. Number of overdose deaths involving opioids in Minnesota, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.

Opioid Pain Reliever Prescriptions

In 2017, Minnesota providers wrote 41.0 opioid prescriptions for every 100 persons (Figure 2). The average U.S. rate in the same year was 58.7 prescriptions per 100 persons (CDC).

The age-adjusted rate of prescription opioid-involved deaths was 3.6 deaths per 100,000 persons in 2017. The age-adjusted rate of overdose deaths involving opioid prescriptions has not significantly changed since 2008 (Figure 2).

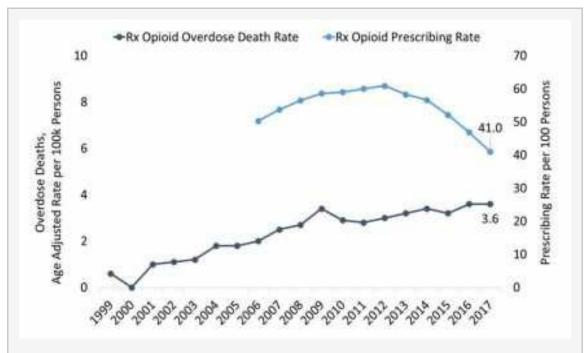


Figure 2. Minnesota rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.

Neonatal Abstinence Syndrome (NAS)

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS births increased from \$91 million to \$563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices (CDC). As a result, there is variability in trends and in the rate reported by states. The most recent data on the rate of babies born with NAS/NOWS in Minnesota is from 2014 and is based on state inpatient databases. The rate of NAS/NOWS doubled from 2.1 cases per 1,000 hospital births in 2010 to 4.5 cases per 1,000 hospital births in 2014 (Healthcare Cost and Utilization Project).

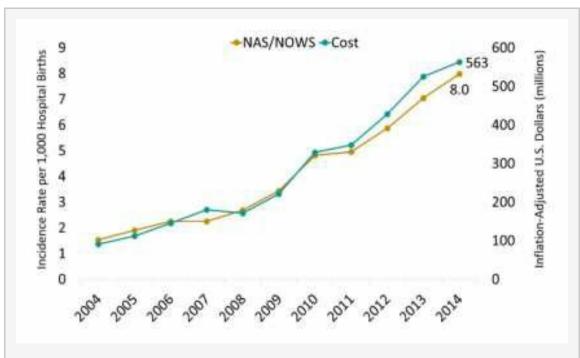


Figure 3. NAS/NOWS Incidence rate and hospital costs for treatment in the United States. Source: T.N.A. Winkelman, et al., 2018.

HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

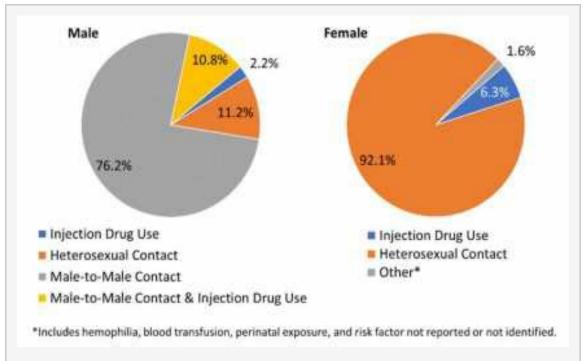


Figure 4. Minnesota: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2016. Source: CDC and www.AIDSVU.org.

- U.S. Incidence: In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU (CDC).
- U.S. Prevalence: In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,4661) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU (CDC).
- **State Incidence:** Of the new HIV cases in 2016, 286 occurred in Minnesota. Among males, 13.0 percent of new HIV cases were attributed to IDU or male-to-male contact and IDU. Among females, 6.3 percent of new HIV cases were attributed to IDU (Figure 4) (AIDSVu).
- **State Prevalence:** In 2015, an estimated 7,803 persons were living with a diagnosed HIV infection in Minnesota—a rate of 171 cases per 100,000 persons. Of those, 13.8 percent of cases among

males were attributed to IDU or male-to-male contact and IDU. Among females, 14.2 percent were living with HIV attributed to IDU (AIDSVu).

Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use¹

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV² (CDC). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs (CDC).
- **U.S. Prevalence**: An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages (<u>CDC</u>).
- **State Incidence**: There were approximately 51 new cases of acute HCV (0.9 per 100,000 persons) reported in Minnesota in 2016 (CDC).
- **State Prevalence**: In Minnesota, there are an estimated 24,500 persons living with Hepatitis C (2013-2016 annual average), a rate of 590 cases per 100,000 persons (<u>HepVu</u>).

Additional Resources

- Minnesota Department of Health, Opioid Dashboard
- Centers for Disease Control and Prevention, Opioid Overdose



FY2018 NIH-funded projects related to opioid use and use disorder in Minnesota: 6

VIEW RESULTS

Find treatment in Minnesota (SAMHSA)

Notes

- 1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
- 2. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.